

7/6/2021



THE UGLY TOPIC OF SUICIDE

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This slide features a dark gray header with the title "THE UGLY TOPIC OF SUICIDE" in white. Below the header is a white rectangular box, and the "Care to change" logo is positioned in the bottom right corner.

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WHAT WILL WE TALK ABOUT?

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Myths Stats Risks

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question persuade refer

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SUPPORT FIRST

"This training may cause some people distress, perhaps triggering the memory of a traumatic event from the past. Feel free to leave the training at any time. But if you do, I would ask that you please contact me afterward so that we can talk and see if I can be of any assistance."

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TRUE OR FALSE?

Exploring Myths

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TRUE or FALSE?

Myth:

Confronting a person about suicide will only make them angry and increase the risk of suicide.

Truth:

Asking someone directly about their suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.



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TRUE or FALSE?

Myth:

Only experts can prevent suicide.

Truth:

Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide



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TRUE or FALSE?

Myth:

Suicidal young people keep their plans to themselves.

Truth:

Most people communicate their intent sometimes during the week preceding their attempt.



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TRUE or FALSE?

Myth:

Those who talk about suicide don't do it.

Truth:

People who talk about suicide – directly or indirectly try or even complete the act of self destruction.



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TRUE or FALSE?

Myth:

If a suicidal youth tells a friend, the friend will access help.

Truth:

Most young people do not tell an adult.

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STATISTICS – KNOW THE FACTS

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EVERY 11 MINUTES SOMEONE DIES BY SUICIDE

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EVERY 11 MINUTES SOMEONE DIES BY SUICIDE
EVERY 12 MINUTES SOMEONE IS LEFT
TO MAKE SENSE OF IT

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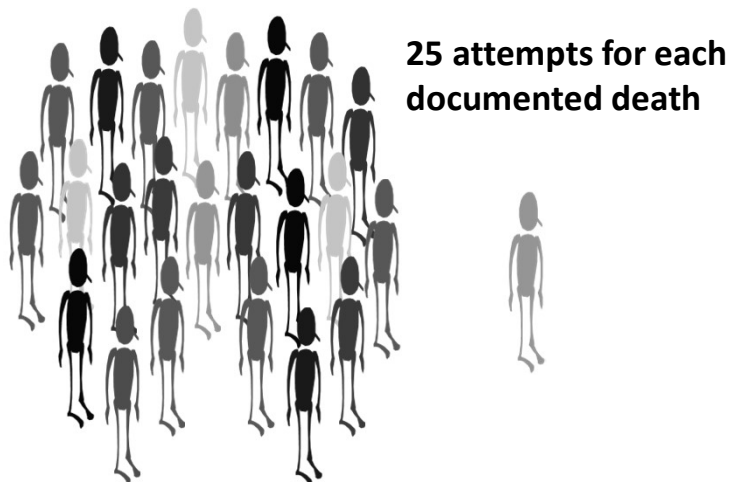
Suicide is a leading cause of death (2019)

<u>Rank & Cause</u>	<u>Number of deaths</u>
1. Diseases of the heart	659,041
2. Malignant neoplasms (cancer)	599,601
3. Accidents (unintentional injury)	173,040
4. Chronic obstructive pulmonary diseases	156,979
5. Cerebrovascular diseases (stroke)	150,005
6. Alzheimer's Disease	121,499
7. Diabetes mellitus	87,647
8. Nephritis, nephrosis	51,565
9. Pneumonia and influenza	49,783
10. Suicide (Intentional Self-Harm)	47,511
16. Homicide	19,141

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Estimates of attempted suicide



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45,000 deaths annually

2019	47,511
2018	48,344
2017	47,173
2016	44,965
2015	44,193
2014	42,733
2013	41,149
2012	40,600
2011	39,518

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WHO IS AT RISK?

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WHO IS AT RISK?



women . middle age . single

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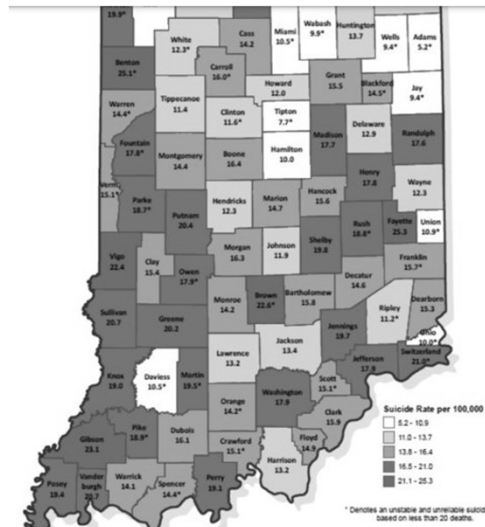
WHAT ABOUT TEENS?

- More than 90% of teens who take their lives have a mental illness (1 in 8 teens suffer from depression)
- Between 10-24 3rd leading cause of death
- Boys are more likely to die, but girls are 3xs as likely to attempt
- Reasons self harm: to stop bad feelings, to feel something, to punish oneself, to relieve feeling numb, to feel relaxed – non suicidal self injury is a coping strategy for high emotion

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NOT IN MY TOWN

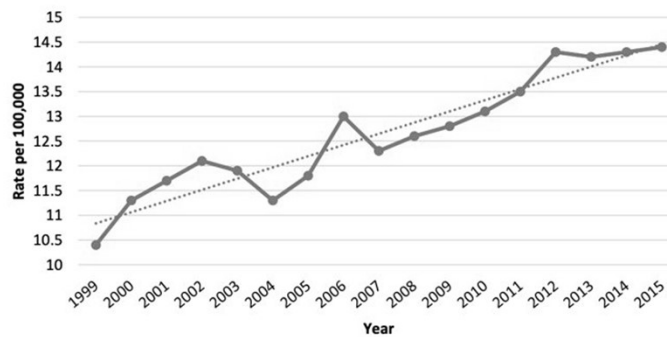


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NOT IN MY TOWN

Figure 7. Suicide rate* and trend, Indiana, 1999-2015



*Age-adjusted rates per 100,000 population

**Dotted line represents data trend line

Source: Indiana State Department of Health, Epidemiology Resource Center

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NOT IN MY TOWN

- 11th -leading cause of death in Indiana.
- 2nd leading cause of death among 15- to 34-year-olds
- 3rd leading cause of death among 10- to 14-year-olds
- 4th leading cause of death among 35- to 54-year-olds.



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NOT IN MY TOWN

- Males accounted for 79.4% (3,730) of all suicides; of those, 93.4% were white males.
- Males were approximately four times more likely to complete suicide compared to females.
- White males aged 45–54 years had the highest rate of suicide, followed by white males 65 years of age or older, and white males aged 35–44 years.



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NOT IN MY TOWN

- 29.3% of high school students reported feeling sad or hopeless almost every day for two weeks or more in a row resulting in changes in behavior during the past 12 months.
- 1 in 10 Indiana high school students reported that they attempted suicide in the previous 12 months.



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NOT IN MY TOWN

- 20% of Hoosiers in grades 9–12 seriously considered attempting suicide during the past 12 months.
- Among students who attempted suicide during the 12 months before the survey, 34.2% asked for help from someone before their suicide attempt, such as a doctor, counselor, or hotline.



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WHAT ARE RISK FACTORS?

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A COMMON FORMULA

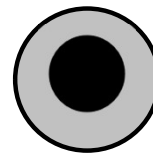
Burdensomeness +



hopelessness +



alone



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RISK FACTORS OVERALL

- Mental illness
- **Untreated depression is the number 1 risk factor in suicide.**
- Substance abuse
- Personality Disorders Chronic or terminal medical conditions
- Family history of attempts or completions
- Environmental
- Contagion effect – direct or indirect
- Access to lethal means
- High achievers/perfectionists



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MORE RISK FACTORS

- Previous suicide attempt
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death(i.e., thoughts, music, reading)
- Depression (hopelessness, withdrawal)
- Substance use
- Recent attempt by friend or family member

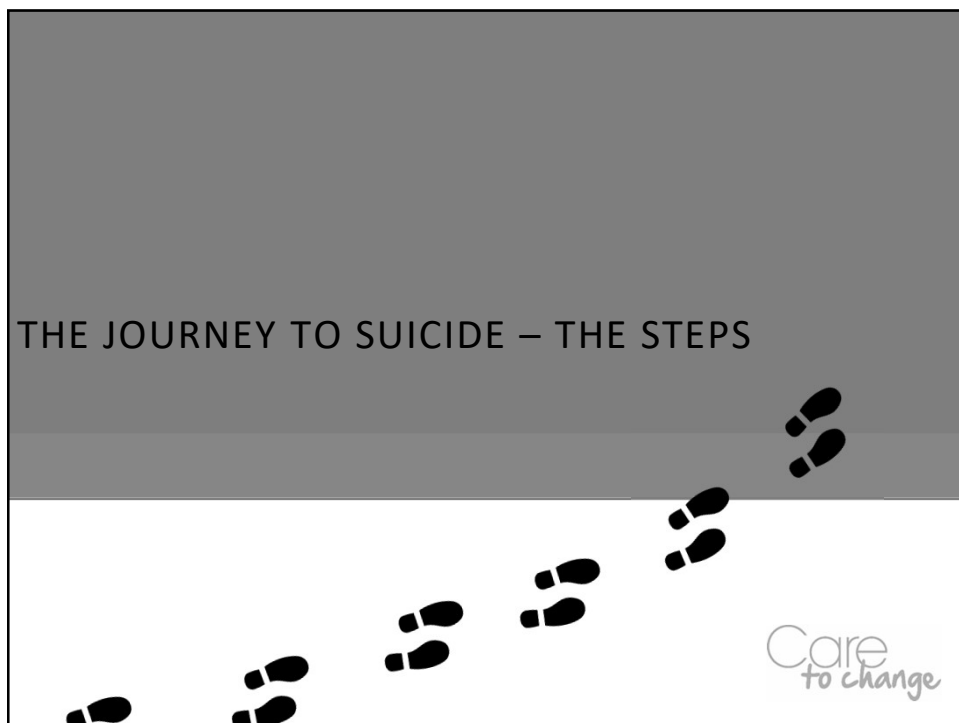


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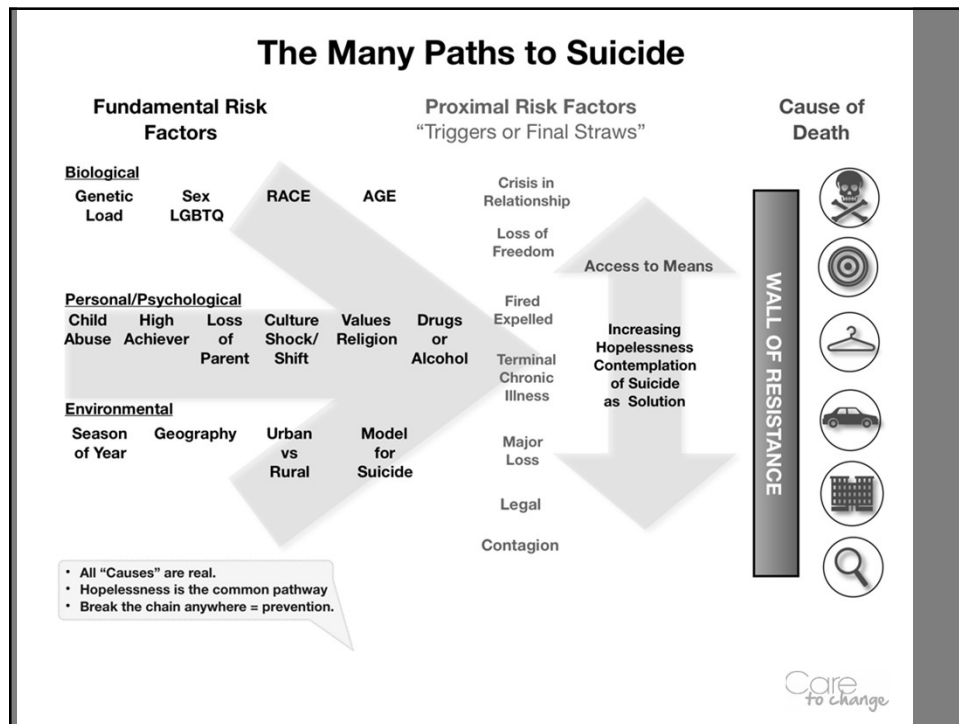
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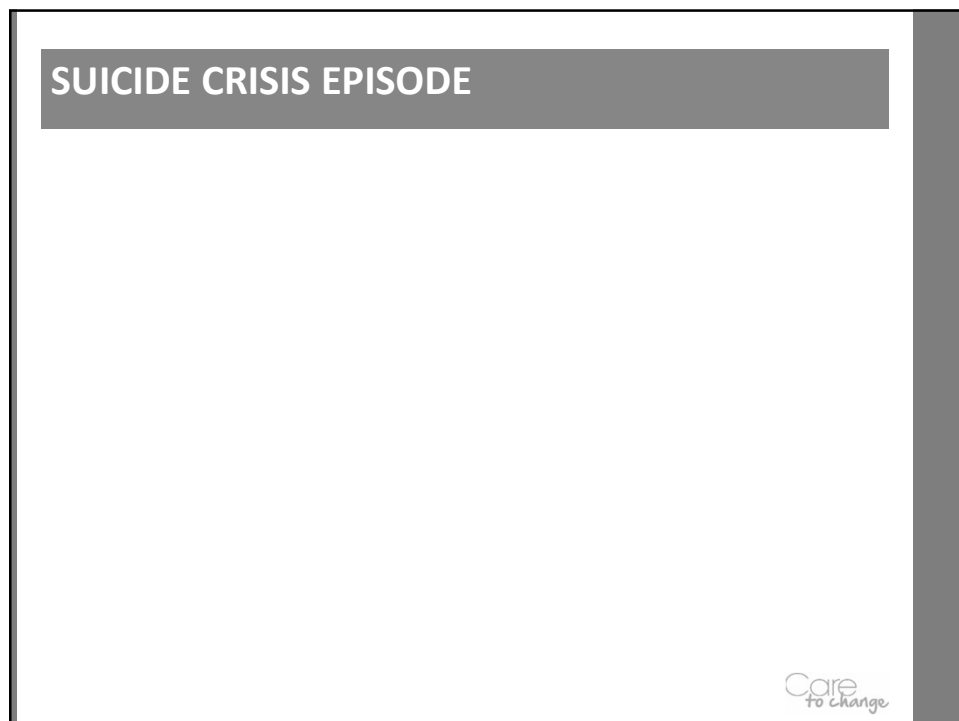
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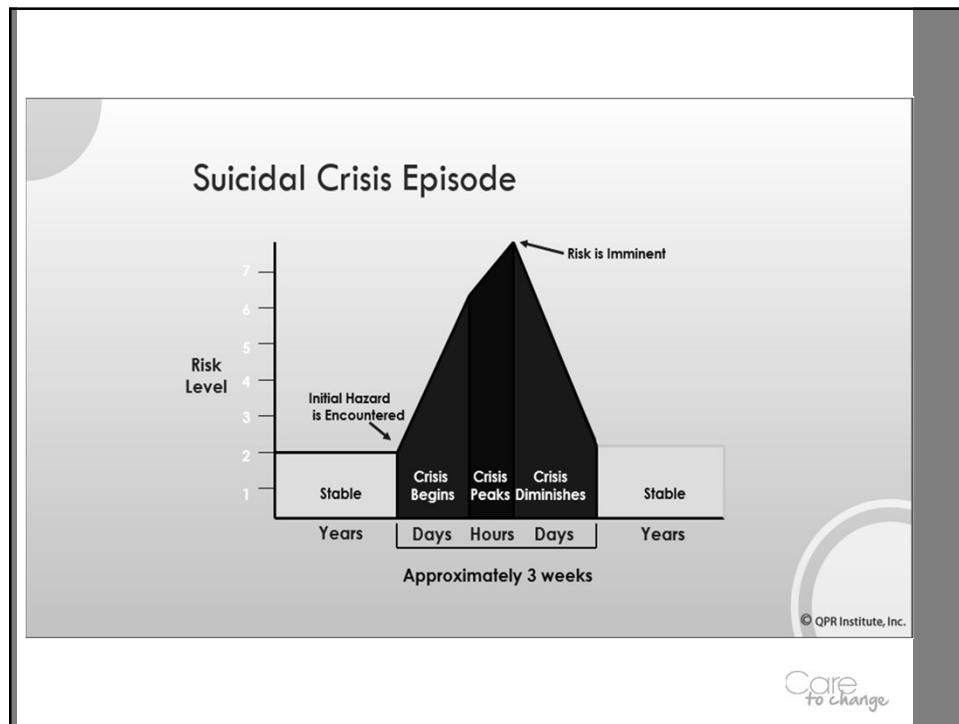
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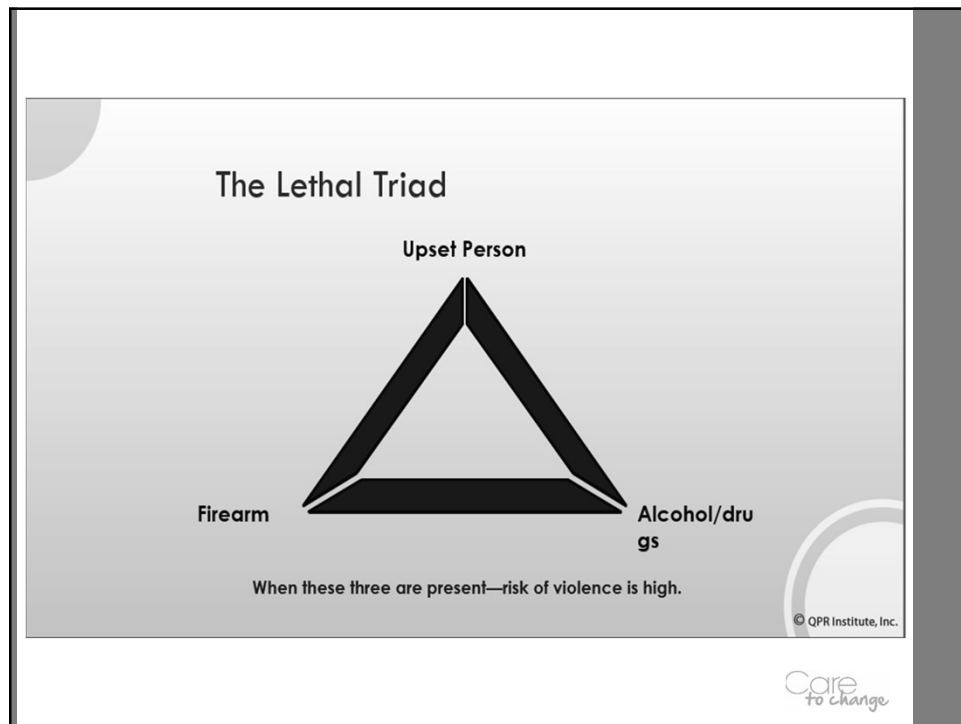


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LETHAL TRIAD

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verbal behavioral situational

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VERBAL SIGNS & SYMPTOMS

DIRECT CLUES

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

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VERBAL SIGNS & SYMPTOMS

INDIRECT CLUES

- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”



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BEHAVIORAL SIGNS & SYMPTOMS

- Past suicide attempt
- Getting a gun or stockpiling pills
- Giving away prized possessions
- Impulsivity/increased risk taking
- Unexplained anger, aggression, irritability
- Self-destructive acts (i.e., cutting)
- Chronic truancy, running away
- Perfectionism



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SITUATIONAL SIGNS & SYMPTOMS

- Being expelled from school or fired from job
- Family problems or alienation
- Loss of any major relationship
- Death of a friend or family member, especially if by suicide
- Diagnosis of a serious or terminal illness
- Financial problems (either their own or within the family)
- Sudden loss of freedom or fear of punishment
- Feeling embarrassed or humiliated in front of peers
- Victim of assault or bullying



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OTHER RELATED SIGNS

- Change in interaction with family and friends
- Recent disappointment or rejection
- Sudden decline or improvement in academic performance
- Physical symptoms: eating disturbances, changes in sleep patterns, chronic headaches, stomach problems, menstrual irregularities
- Increased apathy



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A COMMON FORMULA

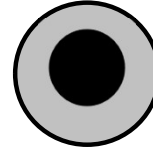
Burdensomeness +



hopelessness +



alone



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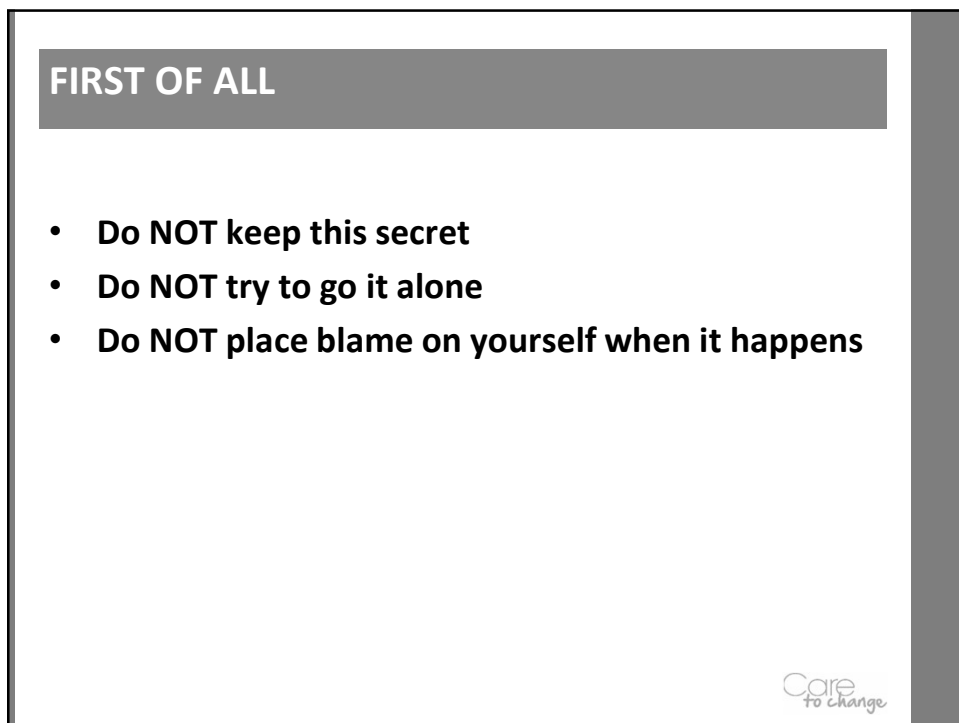
WHAT IS YOUR ROLE AND WHAT CAN YOU DO?

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IN OTHER WORDS

- **Tell a trusted person**
- **Gather a support system**
- **Get support for yourself**

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USE THE WALL OF RESISTANCE

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Protective Factors – Wall of Resistance
Wall of Resistance to Suicide

Counselor or therapist		Duty to others	faith
Good health	Problem solving/conflict resolution skills		Fear
Job Security or Job Skills	Responsibility for children	Family, Friends, Church support	
Difficult Access to means		A sense of HOPE	Positive Self-esteem/worth
Pet(s)	Religious Prohibition	Calm Environment	AA or NA Sponsor
Best Friend(s)		Safety Agreement	Treatment Availability
Sobriety – Medication Compliance			

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QPR: QUESTION, PERSUADE, REFER

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QUESTION PERSUADE REFER

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QPR - QUESTION

- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- If in doubt, don't wait, ask the question
- Have your resources handy: QPR Card, community resources phone numbers and know your protocol for handling suicide risk

Remember: How you ask the question is less important than that you ask it

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QPR – QUESTION – LESS DIRECT APPROACH

- “Have you been unhappy lately?”
- “Have you been very unhappy lately?”
- “Have you been so unhappy lately that you’ve been thinking about ending your life?”
- Do you ever wish you could go to sleep and never wake up?”



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QPR – QUESTION – DIRECT APPROACH

- “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”
- “You look pretty miserable, I wonder if you’re thinking about suicide?”
- “Are you thinking about killing yourself?”

NOTE: If you can not ask the question, find someone who can.



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WHAT NOT TO SAY

Never say

- “You aren’t thinking of suicide are you?”
- “You’re not going to do anything crazy are you?”
- “That’s nonsense. Don’t do that.”
- “Just settle down.”
- “It’s not that bad.”

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QUESTION **PERSUADE** REFER

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QPR - PERSUADE

- Listen to the problem and give them your full attention
- Remember, suicide is the solution to a perceived insoluble problem. Suicide is not the problem.
- Do not rush to judgment
- Offer hope in any form



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QPR - PERSUADE

THEN ASK

- “Are you willing to talk to a professional about this today/tomorrow/next week/soon?”
- If they say “yes” ask them, “Will you promise me not to kill yourself in between now and that time?”

Continue to follow up until they are able to get into professional services.



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QPR - PERSUADE

- If they do not say “yes”, ask who else they can tell about the way they are feeling: family, friends, etc.
- If they agree to tell someone, ask them, “Will you promise not to kill yourself between now and telling them?”

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QUESTION PERSUADE REFER

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QPR - REFER

People experiencing suicidal feelings often believe they cannot be helped, so you may have to do more.

The best “referral” involves taking the person directly to see the professional service.



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QPR - REFER

The next best “referral” is when the person wants you to talk to the professional first, or when they agree to talk to the referral on their own within the immediate future.

The person should be monitored closely in the interim.

If the person refuses help, you may need to get others involved.



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QPR - REFER

The third best option is to make sure the person is safe, is under observation by a responsible adult, and knowing that the responsible adult has resources for getting the person help.



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WHAT CAN YOU SAY

"Can you tell me what's bothering you?"

"Will you go with me to get help?"

"Will you let me help you?"

"I want you to live."

"I'm on your side. We'll get through this."

"Let me describe our next steps."



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EFFECTIVE QPR

- Communicate with the person that you care and want to see them get help.
- Get others involved. Ask the person who else might help. Family? Friends? Teachers? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?



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EFFECTIVE QPR

Join the team of support. Offer to work with other personnel and concerned members in the person's life to help reduce the risk of suicide.

Follow up with a visit, a phone call, a card, or in whatever way feels comfortable to you, to let the person know you care about what happens to them. Caring may save a life.



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REMEMBER

**Since almost all efforts to persuade a
person to live will be met with
agreement and relief,
always be quick to get involved.**



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RESOURCES

Websites

- www.suicidology.org - AAS 202-237-2280
- www.afsp.org 888-333-afsp
- www.nimh.gov
- www.sprc.org
- www.save.org 952-946-7998
- www.spanusa.org 202-449-3600
- www.hopeline.org 202-536-3200
- www.suicideinfo.ca 403-245-3900



RESOURCES

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RESOURCES

RESOURCES

Hotlines

- 1-800-273-TALK (8255)
- 1-800-SUICIDE (784-2433)
- **Text hotline - 741741**
- 317-251-7575 (Indiana hotline)



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RESOURCES

RESOURCES

Support Groups

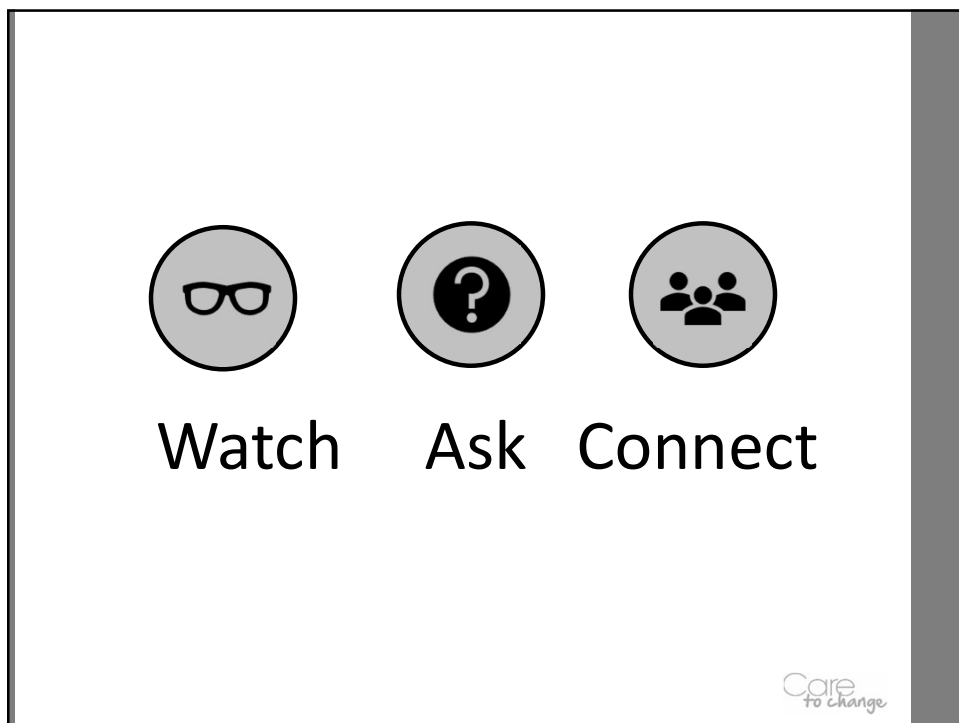
- Suicide Survivors Support group – 1st/3rd
Tuesday at Danville hospital
- Griefshare.org hosts support groups by zip code
- Refueling Hope – support group for loved ones



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